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Talking Points as Prepared for Eric Hargan
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Preparing For A Pandemic

Good afternoon. I'm the Acting Deputy Secretary of Health and Human Services. The Department of Health and Human Services is the ministry that leads the United States' efforts to protect the health of Americans and provide essential services for vulnerable members of our society.

Health and Human Services is the largest civilian department in the United States federal government. More than 66,000 people work in it. It accounts for almost one out of every four dollars that our federal government collects in taxes — that's nearly $700 billion.

HHS, which is roughly equivalent to your Ministry for Health and Ageing, is actually several ministries in one. I, along with Secretary Mike Leavitt, oversee health and human service activities through agencies like:

- The Centers for Disease Control and Prevention — which protects the public health,
- The Food and Drug Administration — which ensures that the foods we eat are safe and the medicines we take are safe and effective,
- The National Institutes of Health — which conducts biomedical research
- The Centers for Medicare and Medicaid Services — which administers our elderly, disabled, and disadvantaged health-care welfare programs.

In addition to our responsibilities at home, we also want to be good international neighbors. That's why I am here in Australia to represent Secretary Leavitt at a meeting of the Medicines Working Group established by our countries' free-trade agreement, to discuss developments in our health-care systems.

I'm also looking forward to meeting with my Australian counterparts and colleagues later to discuss our public-health preparedness activities and share best practices, particularly as how they relate to the threat of an avian influenza pandemic — a topic I would like to talk with you about for a few minutes.

Bird flu. This is a phrase that has been chilling us the last couple of years. What is it? How dangerous is it? What are we doing about it? What should we be doing about it?

The issue of pandemic preparedness is a timely one, because never before have we been as over-due but under-prepared for a reoccurring natural disaster as we are now for a pandemic.

I'd like to tell you a little about what we're doing to prepare against this threat. In the United States, we are focusing our preparations on the local level, and that's a message I've been urging my international counterparts to copy.

Pandemics are a biological fact, as history as shown us time and time again. We know that viruses and bacteria are constantly mutating, adapting — and attacking. And when pandemics strike, they not only cause a great deal of sickness and terrible loss of life; they reshape nations.

Our epidemiologists tell us that we are overdue for a pandemic. Over the last three hundred years there have been ten pandemics, including three in the last century. Two of them, 1957 and 1968, were relatively minor events. But the pandemic of 1918 was catastrophic.
Thanks to an effective quarantine, the great influenza pandemic of 1918 affected Australia far less than any other westernized country. Nowhere was actually spared in that pandemic, however, and nowhere would be spared in any future pandemics.

Why are we so concerned right now? That's a good question, since the H5N1 virus, the one that scientists are most worried about, is currently a bird disease.

It appeared in East and Southeast Asia some years ago, only among birds, and has waxed and waned over there for a few years.

It has spread over migratory flyways from Southeast Asia to Central Asia, Europe, and the Middle East. Given global flyway patterns, it is probably only a matter of time before it appears in Australia and North America.

The problem with this strain of flu is twofold: it's new and it's deadly. The H5N1 virus looks and acts more like the virus of 1918 than any of its more moderate cousins. H5N1 hasn't developed sustained or efficient human-to-human transmission, but it has already infected 291 people and killed 172. That is a mortality rate of over 50 percent.

In contrast, the 1918 pandemic had a mortality rate of at most 6 percent. In Australia, its mortality rate was less than 3 percent.

If the H5N1 strain were to develop into a human-to-human transmissible strain, no one would have immunity. And if it retained its terrible level of mortality, we could be facing a global catastrophe.

When it comes to pandemics, there is no rational basis to believe that the early years of the 21st century will be different than the past. If a pandemic strikes, it will come to the United States. It will come to Australia. It will come to communities all across the world.

That's why international coordination and cooperation is such a critical component of pandemic readiness. The Australian government has been making excellent progress in its domestic pandemic preparations.

I'm looking forward to learning from their work, and I would like to urge you to support their efforts.

What does it mean to be prepared? President Bush and Secretary Leavitt have defined our role as the federal government to include five main objectives:

- Disease monitoring,
- Stockpiling countermeasures,
- Developing vaccines,
- Establishing communications plans, and
- Setting up local plans.

First, disease monitoring. Secretary Leavitt uses a metaphor when describing this goal that I would like to share with you. Think of the world as a vast forest, thick with underbrush and dead trees. It's very

vulnerable to fire. A single spark can burst into a great inferno that's extremely difficult to put out. But if you're close enough to the spark when it ignites, you can stomp it out.

We believe that could be true with a pandemic. If we're able to discover the spark quickly, there's a chance we can stomp it out and stop a pandemic. So we're building a network of nations to cooperate in disease monitoring. Likewise, we need communities in the United States with sophisticated systems to watch for the emergence of disease.

Second, we must have stockpiles of anti-viral medications and other supplies. We are building up supplies of antivirals such as Relenza and Tamiflu and subsidizing our states' antiviral purchases as well. We also recently awarded a $100 million contract to help spur the development of a new antiviral called Peramivir, which should help all of us fight both seasonal and pandemic influenza. It should prove especially effective in hospital settings, as it can be delivered through intravenous or intramuscular injection rather than orally or through an inhaler like other antivirals.

There is a nuance when it comes to stockpiling countermeasures, however. People imagine an airlift, probably by the armed forces, of medicines from a large federal stockpile. The federal government steps in and saves the day. Unfortunately, our readiness exercises have shown us that stockpiles aren't the problem. Distribution is the problem. Unless you can get medicine to those who are sick within 24 to 36 hours, the size of your stockpile won't much matter. And, as the experience of 1918 showed, soldiers who might be carrying out those airlifts get sick just like everyone else.

How to get people potentially life-saving antivirals, then? State and local distribution plans are where we should start looking for answers. We are continuing to work at helping states set up experimental distribution plans.
For example, we are testing a pilot program in St. Louis to stockpile antibiotics in local first-responder locations, clinics, and workplaces, and in homes, to see how pre-positioning antibiotics locally might work. We are also working on partnerships with the U.S. Postal Service to distribute prophylaxes in an emergency. These are all just pilot projects, testing different ways to distribute, but we hope some of them might work well enough to supplement regular systems of distribution if disaster strikes, and we're looking forward to sharing what we learn with our international partners.

Third, we need vaccines. Fortunately, a vaccine that produces an immune response in humans was developed last year. We are testing it, and getting through the bumps in the road on that. Of course, we are working on this vaccine with no assurance that H5N1 will be the virus to develop into a pandemic, but we need to be as prepared as we can. We are also spending several billion dollars to improve vaccine and antiviral production capacity, purchase vaccines and antivirals, and conduct research on new production technologies.

Fourth, preparedness needs to include communications plans as well. We all need the capacity to inform people without inflaming them, so they don't panic. On this issue, SARS was a wake-up call. Across the world, only 8,000 people got sick, but it paralyzed the Chinese and Canadian economies for several weeks and caused several billion dollars worth of economic disruption.

The fifth — and most important objective — is that every state, every indigenous group, every city, every school, every business, every church, and every family needs a plan that addresses the unique challenges they would face.

During a pandemic, there won't be any unaffected areas from which to draw health-care workers to take care of patients in affected areas, so at some point in a pandemic, every local community has to make do with its own resources. And when it comes to pandemics, any community that fails to prepare — expecting that the national-level governments can or will offer a lifeline — will be tragically wrong.

Leadership must come from governors, mayors, county commissioners, pastors, school principals, corporate planners, the entire medical community, individuals, and families. For when a pandemic comes, we believe it will hit everywhere in a short period of time.

One of our scientists has characterized a pandemic as having a popcorn effect: a pop here, then there, then several, and soon eruptions all over.

All governments have plans established to ensure continuity of government in case of a decapitating event, like an assassination. Many governments also have plans to ensure continuity in the event of a degrading event, like a pandemic.

But how many cities, businesses, or schools have plans for fighting outbreaks with their own resources when as many as 30 to 40 percent of their workforce are absent for 6 to 8 weeks? If none of us prepare, then as the pandemic spreads and outbreaks reach their peak, the consequences would cascade.
Medical centers would be overwhelmed. Schools would close. Transportation would be disrupted. Food and fuel would run out. There would be power and telecommunications outages.

Preparedness means engaging community leaders, employers, school officials, and the media. We all need to be informed, engaged, and activated — ahead of time. So we have been meeting often with all our states, setting benchmarks and measures for them, and financially encouraging their preparedness efforts.

To help mobilize our people, we are making available extensive information resources including planning guides and checklists targeted toward specific groups. We have release fourteen so far, for —

- State and local governments
- Businesses,
- Businesses with overseas operations,
- The travel industry,
- Child-care facilities and preschools,
- Grade schools,
- Colleges and universities,
- Home health-care services,
- Medical offices and clinics,
- Hospitals,
- Faith-based and community organizations,
- Long-term care and other residential facilities,
- Health insurers, and
- Individuals and families.

These guides try to be comprehensive and to cover everything — from assigning a person responsible for coordinating preparedness planning, to developing an education and training program to ensure that everyone understands the implications of pandemic influenza, to determining how vaccines and antivirals would be used.

We will continue to release guides as we develop them. These checklists and plans, along with a great deal of other useful material, such as hundreds of pages of technical guidance we have provided to state and local health officials and providers, can be found on the website www.pandemicflu.gov. Pandemicflu.gov serves as our government's one-stop access point to pandemic and avian flu information. And, since all the information is online, anyone around the world is more than welcome to use them.

As countries, states, local groups, and individuals carry out preparedness activities, they may find weaknesses in our plans — and we need to discover these while we still have the time to correct them. The harder we work to prepare against this threat, the stronger we will be against any pandemic.

There is the possibility that a pandemic might not happen for years or even decades. Some people may think that our preparation is a waste and that we are being alarmist. In reply, I can only say that these people are right — until they're wrong. And the consequences of them being wrong are greater than the consequences of us being wrong.

When talking about our preparedness activities, Secretary Leavitt often refers to something your Minister of Health and Ageing Tony Abbott once said: "In the absence of a pandemic, almost any preparation will smack of alarmism. If a pandemic does break out, nothing that's been done will be enough."
We probably can't prevent a pandemic. But preparation can delay its onset. Preparation is likely to reduce the peak of a pandemic to a level that's much less overwhelming than it could have been, bringing it down to a number of cases that could be cared for. Preparation is likely to save lives.

Even if it's a long time before a pandemic strikes, there are real benefits to preparing now:

- We would have established new vaccine technology,
- We would have the capacity to manufacture vaccines much more quickly than we currently do,
- Annual flu would be much less of an issue, and
- We would be better prepared against any medical disaster or health crisis.

Preparation runs along a continuum. We won't ever become completely prepared or finished with our preparation efforts. But each day that we prepare, we make ourselves more ready and more capable of an effective response.

We're not prepared yet. But we're more prepared today than we were yesterday. And, with people like you aware and engaged, we will all be more prepared tomorrow than we are today.

So I'm looking forward to the rest of my visit here, and the opportunity we have to help one another build a web of readiness that will support us all when a pandemic strikes.

Now, I'd love to take any questions you might have.